MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040161

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| SOUND SOURCE AS COUNTY Jackson semination of the country of the co | OR 11113 3105 | | | | | Ŧ | PLACE OF DEATH | 2 4 1963 | - | | | 2. USUAL RESIDE | NCE (Where dece | eased live | d. If institu | tion Res | idence before |
| ACCEPTIAL CAPITAL CAPITAL CONTROL OF MOST CAPITAL CONTROL OF MACHINE TIME TO DEATH CONTROL OF MOST AND DEATH CONTROL OF MO | VS 300 | ي ا | <u>,</u> | | | | a. COUNTY | | | | | a. STATE Mis | souri ^{b. co} | имтүја | ckson | | admission) |
| ACCESS 35.99 Condition, if any which was perfected by the control of the contr | Rev. 4/59 | 5 | 10 | | | _ | b. CITY (If outside cor | porate limits, give TOWN | SHIP only) | Langth of at | tay in 1b | c. CITY | | | | $\neg \vdash$ | Inside Limits |
| ACCESS 35.99 Condition, if any which was perfected by the control of the contr | | | Ţ | ! | | | งังพิท Kans | as City | | | | TOWN J | Kansas Ci | ty | | Y | ′es 🛱 No 🗌 |
| 3 3 4 2 5 5 6 6 6 7 6 6 7 7 7 7 | 1 | | | | | | c. FULL NAME OF (IF | NOT in hospital, give loca | tion) | Inside | e Limits | d. STREET | (1) | cutside. c | ive location) | R | eside on Farm |
| Bernard Simmons Other October 9 1963 5. SEX 6. COLOR OR BACE 7. Merriad Divorced 12/2/1/56 6 Months Davy House 2 with 12/2/1/56 6 Months Davy Min. 10. SUBJAL OCCUPATION (Give Stated well retired) 105. KIND OF BUSINESS OR INDUSTRY 11. BIETHPLACE (City and Mark or country) 12. CITIZEN OF WHAT COUNTRY Mark Child with 12/2/1/56 6 Months Davy House Months Davy Ho | 23558 | 3 | Ġ | \ | | | INSTITUTION The | Children's | Mercy Ho | osp. Yes P | § No □ | ADDRESS 35 | 39 Eucli | d | | <u></u> | 'es [] No K |
| BETTAIR S. SEX COLOR OR RACE Negro Nale Negro | 3 | 14 | | | 7 I | 3. | | First | | Middle | | Last | | Mor | oth | Day | Year |
| Male Negro No. USUAL OCCUPATION Give kind of work done done done done done most of working life, even if retired) 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (city and slave or country) 12. CITZEN OF WHAT COUNTRY USA DECEASED EVER IN U.S. ARMED FORCES? (Test, no. or unknown) 11. BIRTHPLACE (city and slave or country) 12. CITZEN OF WHAT COUNTRY USA DECEASED EVER IN U.S. ARMED FORCES? (Test, no. or unknown) 11. BIRTHPLACE (city and slave or country) 12. CITZEN OF WHAT COUNTRY USA DECEASED EVER IN U.S. ARMED FORCES? (Test, no. or unknown) 13. MAS DECEASED EVER IN U.S. ARMED FORCES? (Test, no. or unknown) 16. CAUSE (OF SECRET LIVE) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE (OF SECRET LIVE) 18. CAUSE (OF SECRET LIVE) | | 1 | ľ | H | | | (Type Of print) | Bernard | | _ | Si | mmons | | Octo | ber | 9 | 1963 |
| 10. USAL OCCUPATION Give kind of work done during most of working life, was if retired) 10. USAL OCCUPATION Give kind of work done during most of working life, was if retired) 10. KIND OF BUSINESS OR INDUSTRY Kansas City, Mo. USA 11. NAME OF BUSINESS OR WHAT COUNTRY WAS DECASED EVER IN U.S. ARMED FORCES? 12. WAS DECASED EVER IN U.S. ARMED FORCES? 13. WAS DECASED EVER IN U.S. ARMED FORCES? 15. WAS DECASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT DOTOTHY Simmons 35.39 Euclid, K. C., Mo. INTERVAL SETWEEN ONSET AND DEATH MANEDIATE CAUSE OF BEATH (Enter only one cause per line Which gave rise 10. Interval SETWEEN ONSET AND DEATH ING. CAUSE OF BEATH (Enter only one cause per line DOTOTHY Simmons 35.39 Euclid, K. C., Mo. INTERVAL SETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ING. CAUSE OF BEATH (Enter only one cause per line DOTOTHY Simmons TO DOTOTHY Simmons ONSET AND DEATH ONSET AND DE | 4 2 | | | | | 5. | SEX | 6. COLOR OR RACE | 7. Marriad | ☐ Never M | arried 🔀 | 8. DATE OF BIRTH | | birthday) | | | |
| 102 USUAL DECLEPATION (Give kind of work done during most of working life, even if retired) of hild dispersion of hild dispersi | 5 🔨 | 1 [| | 11 | | | Male | Negro | Widowed | □ Div | vorced 🔲 | 12/24/156 | 6 | | Months [| Jays 1 | dours Min. |
| Child 13a. FATHER'S NAME Tricy Simmons 15b. MOTHER'S MAIDEN NAME Tricy Simmons 15c. MAS DECEASED EVER IN U.S. ARMED FORCES? (Yeth, no, or unknown) (if yeth, give war or dates of service. 17c. MAS DECEASED EVER IN U.S. ARMED FORCES? (Yeth, no, or unknown) (if yeth, give war or dates of service. 18c. CAUSE OF DEATH (Enter only one cause par line) 18c. CAUSE OF DEATH (Enter only one cause par | | - | | 11 | , | 104 | | (Give kind of work done | 105. KIND OF | BUSINESS OR | INDUSTRY | | | | | | AT COUNTRY |
| 13. MATHER'S NAME Tricy Simmons 13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [if yes, give war or dates of services of the control o | 6 | ≩ | | | 1 | | | | | | | Kansas | City, Mo | | _i US | A | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line 19. INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) 19. WAS DECEASED EVER IN U.S. ARMED FORCES? IMMEDIATE CAUSE (a) 10. OF THOMAS SIMMONS 3539 Euclid, K. C., Mo. 11. OF THOMAS CAUSED BY: IMMEDIATE CAUSE (a) MENULLABLAS TOUR OF CEREFLULA INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH INTERVAL BETWEEN ONSET AND DEATH INTERVAL BETWEEN ONSET AND DEATH ONSET AND | 7 0 | | 63 | | | 13a | . FATHER'S NAME | <u></u> | | | | | 14. N | AME OF F | IUSBAND OR | WIFE | |
| 19/30 10 18. CAUSE OF DEATH (Enter only one cause per line Dorothy Simmons 3539 Euclid, K. C., Mo. 10 18. CAUSE OF DEATH (Enter only one cause per line Dorothy Simmons 3539 Euclid, K. C., Mo. 10 18. CAUSE OF DEATH (Enter only one cause per line Dorothy Simmons 3539 Euclid, K. C., Mo. 10 18. CAUSE OF DEATH (Enter only one cause per line Dorothy Simmons 3539 Euclid, K. C., Mo. Nillerval Between Onset And Death Nillerval Between Onset And Death | | 윋 | 끔 | | } . | 15 | • | | | | | | 1 | | Address | | |
| 10. O O O O O O O O O O O O O O O O O O O | | S | - | | | | | | | JOCIAL JECOK | | | mmons 3 | | | κ. (| Mo. |
| IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b) IMMEDIATE CAUSE (c) IMMEDIATE | 9/930 | 삝 | 17 | 1 1 | _ | | TO TO | /Enter only one cause nor | line | | μ | | | | | | |
| which gave rise to above cause (a), stating the under-lying scause (ast.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there as pregnancy in last 90 day but there as pregnancy in last 90 day performed? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there as pregnancy in last 90 day performed? PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there as pregnancy in last 90 day performed? PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there as pregnancy in last 90 day performed? PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there as pregnancy in last 90 day performed? PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there as pregnancy in last 90 day day of last 18.) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there as pregnancy in last 90 day day of last 18.) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there are pregnancy in last 90 day day of last 18.) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there are pregnancy in last 90 day day of last 18.) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there are pregnancy in last 90 day day of last 18.) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION COURSED which are pregnancy in last 90 day day of last 18.) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION COURSED which are pregnancy in last 90 day day of last 18.) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION COURSED which are pregnancy in last 90 day day of last 18.) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION COURSED which are pregnancy in last 90 day day of last 18.) PART III. OTHER SIGNIFICANT CONDITIONS COURSED which are pre | 10 | [₹] | £4 | | Z | | PART I. | DEATH WAS CAUSED BY | : | | | | | | | ONSE | T AND DEATH |
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| Which gave rise to above cause (a), stating the under-lying couse last. DEMA VO VI VI VI VI VI VI VI |] [| | 20 | $ \ $ | NZ I | l | | | | | - | | | | | | |
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| NOT WHILE AT WORK 20c. TIME OF Hour Month, Day, Year INJURY OCCURRED WHILE AT WORK 20c. PLACE OF INJURY (e.g., in or about home, left of farm, factory, street, office bldg., etc.) 20c. TIME OF Hour Month, Day, Year INJURY OCCURRED WHILE AT WORK 20c. PLACE OF INJURY (e.g., in or about home, left of farm, factory, street, office bldg., etc.) 20c. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, left of farm, factory, street, office bldg., etc.) 20c. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, left of farm, factory, street, office bldg., etc.) 20c. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, left of farm, factory, street, office bldg., etc.) 20c. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, left of farm, factory, street, office bldg., etc.) 20c. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, left of farm, factory, street, office bldg., etc.) 20c. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, left of farm, factory, street, office bldg., etc.) 20c. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, left of farm, factory, street, office bldg., etc.) 20c. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, left of farm, factory, street, office bldg., etc.) 20c. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, left of farm, factory, street, office bldg., etc.) 20c. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, left of farm, factory, street, office bldg., etc.) 20c. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, left of farm, factory, street, office bldg., etc.) 20c. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, left of farm, factory, street, office bldg., etc.) 20c. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, left of farm, factory, street, office bldg., etc.) 20c. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, left of farm, factory, street, office bldg., etc.) 20c. TIME OF Hour Month, Day, | <u> </u> | 图 | 1 | ነነ | 1 1 | 8 | PART II. | OTHER SIGNIFICANT C | ONDITIONS C | ONTRIBUTING | TO DEAT | H but not related t | o the terminal | PART | II. If decea | sted wa | a female wa: in last 90 days |
| NOT WHILE AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK 20d. INJURY | | 2 | 1 | | | <u>₹</u> | | Citoss Continue groun | | • | | | | | ☐ Yes | □ No | Unknown |
| NOT WHILE AT WORK 20d. INJURY OCCURRED WHILE AT WORK 20d. INJURY OCCURRED WHILE AT WORK 20d. Injury occurred at 20 | | | 1 | 11 | 님 | 폴 | 10 WAS ALITOPSY | 20. ACCIDENT SUICIE | F HOMICIDE | 20ь. DES | CRIBE HO | W INJURY OCCURRE | D. (Enter nature of | f injury in | PART I or P | ART II of | item 18.) |
| NOT WHILE AT WORK 20c. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK 20d. INJURY | | 8 | | 1.1 | 실 | <u>~</u> | PERFORMED? | | | | | | · | | | | |
| TO STATE 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | 温 | | | ě | | | Month Day Year | | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20f. CITY, TOWN, OR LOCATION COUNTY STATE WHILE AT WORK 10-3-63 and last saw her alive on 10-9-63 Death occurred at 1:25 D m on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or title) 22b. ADDRESS 1710 Independence Avenue 10/9/63 | Z | {} | | 1 1 | | 띪 | INJURY a.m. | Monni, Day, 12a | | | | | | | | | |
| The state of the s | Ž | | | | | ¥. | | n 120e, PLACE | OF INJURY (e | .g., in or about | t home, 2 | of. CITY, TOWN, O | R LOCATION | | COUNTY | | STATE |
| 21. 1 attended the decessed from 10-3-53 pm on the date stated above, and to the best of my knowledge, from the causes stated. 21. 1 attended the decessed from 11:25 pm on the date stated above, and to the best of my knowledge, from the causes stated. 22b. ADDRESS 1710 Independence Avenue 10/9/63 | |] | 363 | | ral | _ | WHILE AT WORK | farm, | factory, street, | office bldg., el | rc.) | | | | | | |
| Death/occurred 8. Death/occurred 8. Degree or title | S K H | | ₹Fi | | 9 | 긲 | A | 10-3- | -63 | | 10-9 |) <u>_63</u> | nd last saw him a | live on | _10_9_0 | 63 | <u>-</u> |
| | ਬੂ ਵ | | בֻ צ | 1 | Ę | 爲上 | | 7 7.2 | 5 | | | - | | | wledge, from | the caus | es stated. |
| | <u>, </u> | | Ę | 11 | | ١. | | . 1 | 41101 | | | | <u> </u> | | | | 2c. DATE SIGNE |
| | US PE | | ፭∣• | 11 | Ö | ≊ | 22a. SIGNATURE | 1 71 | | | ļ | | ependence | Aven | ue |]] | LO/9/63 |
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| | | 1 t | . 0 | 1 | Á | ₹3. | . BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE 14 | Z3C. NA | | | | | • • • • • | | | . , |
| Z E Burial 10-12-63 Lincoln DAY OF DA | | | ž | | AFFIDA | Bu | rial | 1 10-12-63 | | Lincol | n | | | | | <u>i </u> | |
| 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY TOLAL REG. ADDRESS ADDRE | | | عے ا | 1 | | | | | | 0 | | | // | Yes | - 1 | <u> </u> | 72 |

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STATEMENT BY LICENSED EMBALMER

| or by_ | <u> </u> | - | | _, Student Embalme | r No |
|---------|-------------------------------|---------------|--------------|--------------------|----------|
| working | g under my personal supervisi | on. | . > | .) | 1 =/ |
| Student | | | Signed Torun | e A L |) with |
| | Signature of Student E | mbalmer | | • | . = • |
| | • | | Lic | ensed Embalmer No | 4500 |
| | | | D | O. Address | FUNERO 7 |

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

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If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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